

1 Student Information

List ALL students who attend a Guilford County School. If this application is for a foster child who is the legal responsibility of a welfare agency or court, (X) here . Foster Children must be listed individually on SEPARATE APPLICATIONS.

If applicable, please enter student gross income with cents and how often it is received. In the income frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week and [W] for weekly. For examples see section 2.

First Name	M	Last Name	Student Number	Work First \ Food Stamp Case #	School Name	Grade	Check if NO Income	Student Earnings from Work Before Deductions Cents	Income Frequency	Social Security & Other Income Before Deductions Cents	Income Frequency
J O H N		R D O E	5 5 5 4 4 4 3 3 3 2 2 2		LINCOLN HIGH	1 0	<input type="checkbox"/>	\$ 1 0 0 . 0 0	W	\$	
J A N E		L D O E	2 2 2 1 1 1 3 3 3 4 4 4		JEFFERSON MID	0 5	<input checked="" type="checkbox"/>	\$		\$	
							<input type="checkbox"/>	\$		\$	
							<input type="checkbox"/>	\$		\$	
							<input type="checkbox"/>	\$		\$	
							<input type="checkbox"/>	\$		\$	

2 Household Members

List the names of all Household Members excluding Students listed above. Please enter Gross Income and how often it is received. In the Income Frequency box enter [A] for Annually, [M] for Monthly, [T] for Twice a month, [E] for Every other week, [W] for Weekly. Example: \$9500.58 Annually 9 5 0 0 . 5 8 A or \$1200.99 Monthly 1 2 0 0 . 9 9 M or \$600.25 Twice a month 6 0 0 . 2 5 T or \$554.00 Every other week 5 5 4 . 0 0 E or \$325.75 Weekly 3 2 5 . 7 5 W

First Name (Signing Adult)	Last Name (Signing Adult)	Check if NO Income	Earnings from Work Before Deductions Cents	Income Frequency	Welfare, Child Support, Alimony Cents	Income Frequency	Pensions, Retirement, Social Security Cents	Income Frequency	All Other Income Cents	Income Frequency
L I N D A	D O E	<input type="checkbox"/>	\$ 3 5 0 . 5 8	W	\$		\$		\$	
First Name (Other Members)	Last Name (Other Members)	Check if NO Income	Earnings from Work Before Deductions Cents	Income Frequency	Welfare, Child Support, Alimony Cents	Income Frequency	Pensions, Retirement, Social Security Cents	Income Frequency	All Other Income Cents	Income Frequency
T H O M A S	D O E	<input type="checkbox"/>	\$ 1 0 0 . 0 0	W	\$		\$ 1 0 0 0 . 0 0	M	\$	
		<input type="checkbox"/>	\$		\$		\$		\$	
		<input type="checkbox"/>	\$		\$		\$		\$	
		<input type="checkbox"/>	\$		\$		\$		\$	
		<input type="checkbox"/>	\$		\$		\$		\$	

3 Homeless/Migrant/Runaway

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the Homeless Liaison/Migrant Coordinator at 336-370-2329.

Homeless Migrant Runaway

4 Waiver of Privacy Act (Optional)

For the following programs, we must have your permission to share your information. Completing this section will not change whether your children get free or reduced price meals.

Dental Benefits Health Care Benefits

Signature: Linda Doe

5 Race/Ethnic Identity (Optional)

Mark one or more racial identities:

American Indian or Alaska Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander Other

Mark one ethnic identity:

Hispanic or Latino
 Not Hispanic or Latino

6 Mailing Address: 3 2 1 P I N E T R E E L N City: B I G S K Y State: M T Zipcode: 9 8 7 6 5

An adult household member must sign the application. If Part 2 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement attached.) I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will receive Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Area Code: (9 8 7) Daytime Phone #: 6 5 4 - 3 2 1 0

SIGNATURE: Linda Doe DATE: _____ Signing Adult SSN# 0 0 0 0 0 0 0 0 Check here if you do not have a Social Security Number. Household Size: